FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instructions)		Office use only	
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
ALLIED PILOTS	ASSOCIATION POLITICAL ACT	ION COMMITTEE		
ADDRESS (number and stree	14600 Trinity Blvd			
(Check if address is changed)	Suite 500 Fort Worth		TX 76155 _ 2512	
COMMITTEE'S E-MAIL A		CITY▲	STATE▲ ZIP CODE ▲	
whaug@alliedpilo		<u> </u>		
COMMITTEE'S WEB PAG	GE ADDRESS (URL)			
www.alliedpilots	.org			
COMMITTEE'S FAX NUM 8173022119  2. DATE	/ D D / Y Y Y Y			
06 20 2008				
3. FEC IDENTIFICATION	IN NOMBER	C C00267849		
4. IS THIS STATEMEN	T X NEW (N) OR	AMENDED (A)		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete				
Type or Print Name of Treasurer WILLIAM C HAUG, PAC TREASURER				
Signature of Treasurer	Electronically Filed by WILLIAM (	C HAUG, PAC TREASURER	Date 06 / 20 / Y Y Y Y Y	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS				
Office Use Only FE3AN042.PDF		For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		

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	COMMITTEE (Check One)  Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate
Name of Candidate		
Candidate Party Affilia	tion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com		
(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Political A	ction Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock X La	oor Organization
	Membership Organization Trade Association Co	poperative
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
Со	mmittees Participating in Joint Fundraiser	
	1. FEC ID number C	
	2. FEC ID number	
	3. FEC ID number	
	4. FEC ID number	
	5   FEC ID number C	

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Write or Type Committee Name				
ALLIED PILOTS ASSO	CIATION POLITICAL ACTION COMMI	ITEE		
6. Name of Any Connected O	rganization, Affiliated Committee, Leadersh	ip PAC Sponsor or Joint Fundraisi	ing Representative	
ALLIED PILOTS ASSOC	IATION			
Mailing Address	14600 TRINITY BLVD			
	SUITE 500			
	FORT WORTH	ŢN [	76155	
	CITY▲	STATE <b>≜</b>	ZIP CODE	
Relationship:				
X Connected Organization	Affiliated Committee Lea	adership PAC Sponsor Joint	Fundraising Representative	
Full Name  Mailing Address	14600 TRINITY BLVD #5	<u>;00</u>		
	FT WORTH	TX	76155 <sub>–</sub>	
Title or Position ▼ PAC Asst	CITY A	STATE A Telephone number 817	ZIP CODE 4 - 302 - 2222	
	e and address (phone number optional y designated agent (e.g., assistant treas	•	tee; and the	
Full Name of Treasurer WILLI	AM C HAUG, PAC TREASURER			
Mailing Address	14600 TRINITY BLVD #5	500		
	FT WORTH		76155	
Title or Position ♥	CITY A	STATE <b>▲</b>	ZIP CODE A	
PAC Trea	usurer	Telephone number	_ 302 _ 2115	

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Full Name of Designated Agent	JOHN LAWRENCE,- PAC ASST TREAS	3			
Mailing Address	14600 TRINITY BLVD #500	14600 TRINITY BLVD #500			
	FT WORTH	TX	76155		
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A		
PAC As	st Treasurer Te	elephone number 817	302 2222		
Banks or Other Deposit		e committee deposits funds, h	olds accounts, rents		
safety deposit boxes or management Name of Bank, Depository	v, etc.				
Name of Bank, Depository					
Name of Bank, Depository	MORGAN CHASE BANK  1717 MAIN STREET				
Name of Bank, Depository  JP	v, etc.  MORGAN CHASE BANK	ŢX	75201		
Name of Bank, Depository	MORGAN CHASE BANK  1717 MAIN STREET  THIRD FLOOR	TX STATE 4	75201 ZIP CODE		
Name of Bank, Depository  JP	MORGAN CHASE BANK  1717 MAIN STREET  THIRD FLOOR  DALLAS  CITY Δ				
Name of Bank, Depository  JP  Mailing Address  Name of Bank, Depository	MORGAN CHASE BANK  1717 MAIN STREET  THIRD FLOOR  DALLAS  CITY Δ				
Name of Bank, Depository  JP  Mailing Address  Name of Bank, Depository	MORGAN CHASE BANK  1717 MAIN STREET  THIRD FLOOR  DALLAS  CITY   V, etc.	STATE <b>△</b>	ZIP CODE		
Name of Bank, Depository  JP  Mailing Address  Name of Bank, Depository	MORGAN CHASE BANK  1717 MAIN STREET  THIRD FLOOR  DALLAS  CITY A  7, etc.  LIED FIRST BANK  3201 ORCHARD RD	STATE <b>△</b>	ZIP CODE		
Name of Bank, Depository  JP  Mailing Address  Name of Bank, Depository	MORGAN CHASE BANK  1717 MAIN STREET  THIRD FLOOR  DALLAS  CITY A  7, etc.  LIED FIRST BANK  3201 ORCHARD RD	STATE <b>△</b>	ZIP CODE		

Banks or Other Depositories: safety deposit boxes or maintain	List all banks or other depositories in which the con	nmittee deposits funds, hole	ds accounts, rents
Name of Bank, Depository, etc.	s iulius.		[ ADDITIONAL ]
	ARD INVESTMENTS-PAC		1
	455 DEVON DARK DR		
Mailing Address	455 DEVON PARK DR		
	WAYNE	PA	19087 - 1815
	CITY 🗖	STATE₄	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Leadership PAC Sp	oonsor or Joint Fundraisi	[ ADDITIONAL ] ng Representative
Mailing Address			
		ا ليا لي	
Relationship:	CITY▲	STATE ▲	ZIP CODE
Connected Organization	Affiliated Committee Leadership PAC S	Sponsor Joint Fund	draising Representative
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
			_
Title or Position ▼	CITY A	STATE <b></b>	ZIP CODE A
	Tala	ephone number	
Joint Fundrainer Portion		ърнопе пишьеі ———	[ ADDITIONAL ]
Joint Fundraiser Participant			
		FEC ID number C	